

Exhibit 1

NDOC#	LAST NAME	FIRST NAME	DOB	SFX	DATE OF TEST
NDOCH	LAST IVAIVIL	TITOTIVALVIE	ВОВ		10/31/2020
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		PAROLING 1/28/21

NDOC	LAST NAME	FIRST NAME	DOB	DATE OF TREATMENT START	MEDICATION
				11/20/2020	EPCLUSA
				11/23/2020	EPCLUSA
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				11/16/2020	EPCLUSA
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				1/22/2021	EPCLUSA
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				1/26/2021	EPCLUSA
				1/14/2021	EPCLUSA
				1/22/2021	EPCLUSA
				1/13/2021	EPCLUSA
				1/13/2021	EPCLUSA